

SERFF Tracking Number: AULD-128122275 State: Arkansas
Filing Company: State Life Insurance Company State Tracking Number:
Company Tracking Number: 3/2012 LTC REPORT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: 3/2012 LTC Report
Project Name/Number: /

Filing at a Glance

Company: State Life Insurance Company

Product Name: 3/2012 LTC Report

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

SERFF Tr Num: AULD-128122275 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num:

For Informational Purposes

Co Tr Num: 3/2012 LTC REPORT State Status: Filed-Closed

Reviewer(s): Donna Lambert

Authors: Angie Neville, Danita

Ragland-Hatton

Date Submitted: 02/28/2012

Disposition Date: 02/28/2012

Disposition Status: Accepted For
Informational Purposes

Implementation Date: 02/28/2012

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/28/2012

State Status Changed: 02/28/2012

Created By: Angie Neville

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Angie Neville

Filing Description:

Rescission Report

Company and Contact

Filing Contact Information

Angie Neville, Filing Specialist

One American Square

Indianapolis, IN 46206

Angie.Neville@oneamerica.com

317-285-1927 [Phone]

317-285-7538 [FAX]

Filing Company Information

SERFF Tracking Number: AULD-128122275 State: Arkansas

Filing Company: State Life Insurance Company State Tracking Number:

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TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: 3/2012 LTC Report

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State Life Insurance Company CoCode: 69116 State of Domicile: Indiana

One American Square Group Code: 619 Company Type:

P.O. Box 406 Group Name: State ID Number:

Indianapolis, IN 46206 FEIN Number: 35-0684263

(877) 285-7660 ext. [Phone]

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------|--------|----------------|---------------|
| State Life Insurance Company | \$0.00 | 02/28/2012 | |

| | | | |
|---------------------------------|-------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>AULD-128122275</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>State Life Insurance Company</i> | <i>State Tracking Number:</i> | |
| <i>Company Tracking Number:</i> | <i>3/2012 LTC REPORT</i> | | |
| <i>TOI:</i> | <i>LTC06 Long Term Care - Other</i> | <i>Sub-TOI:</i> | <i>LTC06.000 Long Term Care - Other</i> |
| <i>Product Name:</i> | <i>3/2012 LTC Report</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---|-------------------|-------------------|-----------------------|
| Accepted For Donna Lambert Informational Purposes | | 02/28/2012 | 02/28/2012 |

SERFF Tracking Number: *AULD-128122275*

State: *Arkansas*

Filing Company: *State Life Insurance Company*

State Tracking Number:

Company Tracking Number: *3/2012 LTC REPORT*

TOI: *LTC06 Long Term Care - Other*

Sub-TOI: *LTC06.000 Long Term Care - Other*

Product Name: *3/2012 LTC Report*

Project Name/Number: */*

Disposition

Disposition Date: 02/28/2012

Implementation Date: 02/28/2012

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

| | | | |
|--------------------------|------------------------------|------------------------|----------------------------------|
| SERFF Tracking Number: | AULD-128122275 | State: | Arkansas |
| Filing Company: | State Life Insurance Company | State Tracking Number: | |
| Company Tracking Number: | 3/2012 LTC REPORT | | |
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| Project Name/Number: | / | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------------|--|---------------|
| Supporting Document | Flesch Certification | Accepted for Informational Purposes | Yes |
| Supporting Document | Application | Accepted for Informational Purposes | Yes |
| Supporting Document | Health - Actuarial Justification | Accepted for Informational Purposes | Yes |
| Supporting Document | Outline of Coverage | Accepted for Informational Purposes | Yes |
| Supporting Document | Letter and Report | Accepted for Informational Purposes | Yes |

| | | | |
|--------------------------|------------------------------|------------------------|----------------------------------|
| SERFF Tracking Number: | AULD-128122275 | State: | Arkansas |
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| Product Name: | 3/2012 LTC Report | | |
| Project Name/Number: | / | | |

Supporting Document Schedules

| | | | |
|-------------------------|--|-------------------------------------|---------------|
| | | Item Status: | Status |
| | | | Date: |
| Bypassed - Item: | Flesch Certification | Accepted for Informational Purposes | 02/28/2012 |
| Bypass Reason: | N/A - Flesch Certification Application Health - Actuarial Justification Outline of Coverage | | |

Comments:

| | | | |
|-------------------------|--|-------------------------------------|---------------|
| | | Item Status: | Status |
| | | | Date: |
| Bypassed - Item: | Application | Accepted for Informational Purposes | 02/28/2012 |
| Bypass Reason: | N/A - Flesch Certification Application Health - Actuarial Justification Outline of Coverage | | |

Comments:

| | | | |
|-------------------------|--|-------------------------------------|---------------|
| | | Item Status: | Status |
| | | | Date: |
| Bypassed - Item: | Health - Actuarial Justification | Accepted for Informational Purposes | 02/28/2012 |
| Bypass Reason: | N/A - Flesch Certification Application Health - Actuarial Justification Outline of Coverage | | |

Comments:

| | | | |
|-------------------------|---------------------|----------------------------|---------------|
| | | Item Status: | Status |
| | | | Date: |
| Bypassed - Item: | Outline of Coverage | Accepted for Informational | 02/28/2012 |

| | | | |
|---------------------------------|-------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>AULD-128122275</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>State Life Insurance Company</i> | <i>State Tracking Number:</i> | |
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| <i>Product Name:</i> | <i>3/2012 LTC Report</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Purposes

Bypass Reason: N/A - Flesch Certification
Application
Health - Actuarial Justification
Outline of Coverage

Comments:

| | |
|-------------------------------------|---------------|
| Item Status: | Status |
| | Date: |
| Accepted for Informational Purposes | 02/28/2012 |

Satisfied - Item: Letter and Report

Comments:

Attachment:

02242012 Rescission Report Letter & Form CY 2011-SL-AR.pdf



February 24, 2012

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: LTC Rescission Report for 2011
NAIC #69116

Dear Sirs:

The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC rescission report for calendar year 2011.

Nationwide, our company is reporting no rescissions.

The policies reviewed for this purpose are asset-based annuity or life policies and are not traditional long term care products. These products don't necessarily replace traditional LTC products. It would be appreciated if you would confirm whether or not this report is applicable to asset-based products.

You have received a separate report submitted by Lifecare Assurance for State Life's traditional long term care products.

If you have any questions, please contact me at 877-285-7660, Ext. 1077 or via email at jeanne.leo@oneamerica.com.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne A. Leo".

Jeanne A. Leo, AIRC, HIA, ACS
Senior Market Conduct Analyst
Corporate Compliance & Market Conduct

/jal

Enclosure

*The State Life
Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206-0406
(317) 285-2300*

**RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIES
FOR THE STATE OF AR
FOR THE REPORTING YEAR 2011**

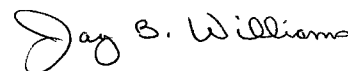
Company Name: The State Life Insurance Company
Address: 250 W North St
Indianapolis, IN 46202
Phone Number: 317-285-1077

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

| Policy Form | Policy and Certificate # | Name of Insured | Date of Policy Issuance | Date/s Claim/s Submitted | Date of Rescission |
|-------------|--------------------------|-----------------|-------------------------|--------------------------|--------------------|
| GRI-L-41 | N/A | N/A | N/A | N/A | N/A |

Detailed reason for rescission: N/A



Signature

Jay B. Williams

VP & Chief Compliance Officer
Name and Title (please type)

February 24, 2012

Date